

M190000006518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600330846296

06/25/19- 11:11:11

19 JUN 25 AM 2:03
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

K. SALY

JUL - 8 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Premier Plus Travel, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dawn Biddiscombe

Name of Person

Premier Plus Travel, LLC

Firm/Company

446 Dix Avenue

Address

Queensbury, New York 12804

City/State and Zip Code

premierplustravel@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Biddiscombe

518

223-2802

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Premier Plus Travel, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-1987406
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 446 Dix Avenue
(Street Address of Principal Office)

6. _____
(Mailing Address)

Queensbury, New York 12804

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Katherine Keller

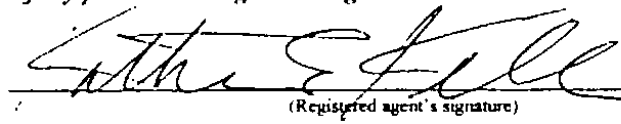
Office Address: 1692 Alloway Drive

Deltona, 32738
(City) , Florida (Zip code)

19 JUN 25 AM 2:03
RECEIVED
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Member/President

Dawn Biddiscombe

18 Wayne Court

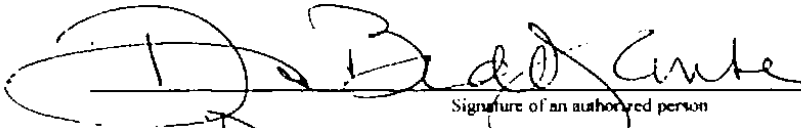
Queensbury, NY 12804

FILED
19 JUN 25 AM
SIGNATURE
TALLAHASSEE, FL

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person
Dawn Biddiscombe
Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that PREMIER PLUS TRAVEL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/30/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



19 JUN 25 AM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 13th day of June two
thousand and nineteen.

Whitney Clark
Deputy Secretary of State